## REGION II ANALYTICAL SERVICES REQUEST FORM

o: I	Lisa Guarneiri, DPO			244380		
ROM: _	J. Beste	<u>ρ</u> , osc			1 129CTA CORP PLATT STI	108 (181) 691 (181)
ATE: _	9/11/97	<u> </u>	,			·
ite Name: ite Locatio ite ID#: ite TDD#: CS #:	on: <u>Somewill</u> 50 02 - 97	TECHNOLOSY 4,NJ -05-002 139	Propo	Of Request:_ ing Date: _ esed samples very to Lab:_ around: Verba Writt	al: 2	
# of Samples	Sample Type/ Matrix	Analysis Required		QA/QC Required	Unit Cost	Analysi Cost
9	Win	TEL,	TAL	QA-2		
	WIR MS/MSD				<u> </u>	
	Vidy -blank 5071	<del></del>				
10	Soil Malman		<del></del>			
	35(11)31-117					
			,			-
					<u> </u>	<u> </u>
otal prior	analvtical	services	funding at th	is site	Total:	
Para Para			-			
Name of Laboratory	Contact	Date of Request	Date Reply Requested			Cost
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	on for quic		ound:ation for pri	vate analyti	cal serv	ice)
TART Analy	M. MAHA tical Coord	dinator:	S. Sumbaly	1	PCS#:	